

16F3

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 71538038	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1					51	1		
2	1					52	1		
3	1					53	1		
4	1					54	1		
5	2					55	1		
6	2					56	1		
7	2					57	1		
8	2					58	1		
9	2					59	1		
10	1					60	1		
11	1					61	1		
12	1					62	1		
13	1					63	1		
14	1					64	1		
15	1					65	1		
16	1					66	1		
17	1					67	1		
18	1					68	1		
19	1					69	1		
20	1					70	1		
21	1					71	1		
22	1					72	1		
23	1					73	1		
24	1					74	1		
25	1					75	1		
26	1					76	1		
27	1					77	1		
28	1					78	1		
29	1					79	1		
30	1					80	1		
31	1					81	1		
32	1					82	1		
33	1					83	1		
34	1					84	1		
35	1					85	1		
36	1					86	1		
37	1					87	1		
38	1					88	1		
39	1					89	1		
40	1					90	1		
41	1					91	1		
42	1					92	1		
43	1					93	1		
44	1					94	1		
45	1					95	1		
46	1					96	1		
47	1					97	1		
48	1					98	1		
49	1					99	1		
50	1					100	1		
TOTAL IND.						TOTAL IND.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS						TOTAL CLAIMS			

20 F3

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 91538038	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
101	/											
102		/										
103		/										
104		/										
105		/										
106		/										
107		/										
108		/										
109		/										
110		/										
111		/										
112		/										
113		/										
114	/											
115		/										
116	/											
117		/										
118		/										
119		/										
120		/										
121		/										
122	/											
123		/										
124		/										
125		/										
126		/										
127		/										
128	/											
129		/										
130		/										
131		/										
132		/										
133		/										
134	/											
135		/										
136		/										
137		/										
138		/										
139	/											
140		/										
141		/										
142		/										
143		/										
144		/										
145		/										
146		/										
147	/											
148		/										
149		/										
50												
TOTAL IND.			↓			↓			↓			
TOTAL DEP.		↓		↓		↓			↓		↓	
TOTAL CLAIMS												

3cF3

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						9/538038				
APPLICANT(S)										
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
201	1									
202	1									
203	1									
204	1									
205	1									
206	1									
207	1									
208	1									
209	1									
210	1									
211	1									
212	1									
213	1									
214	1									
215	1									
216	1									
217	1									
218	1									
219	1									
220	1									
221	1									
222	1									
223	1									
224	1									
225	1									
226	1									
227	1									
228	1									
229	1									
230	1									
231	1									
232	1									
233	1									
234	1									
235	1									
236	1									
237	1									
238	1									
239	1									
240	1									
241	1									
242	1									
243	1									
244	1									
245	1									
246	1									
247	1									
248	1									
249	1									
250	1									
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										